PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or mormation unless it displays a valid OMB control number. Application or Docket Number.											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA			ER EXTRA	RATE	FEE	1	RATE	FEE	1		
BASIC FEE (37 CFR 1.16(a))					3)	1 🥋	100.10	. 57 77	1		
TOTAL CLAIMS (37 CFR 1.16(c)) 3 minus 20 = 1 1 7			7		 /-	OR		67	1		
INDEPENDENT CLAIMS			<u></u>	X	┼-/-	OR	X \$=	della	4		
(37 CFR 1.18(b)) minus 3 = •					X \$=	\/	OR	x \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+5		OR	+5=	4	•
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	926	01	
CLAIMS AS AMENDED - PART II											
4	18.05 (Column 1) (Column 2) (Column 3)			(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY		
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RAJE	ADDI- TIONAL FEE	
Į	Total (37 CFR 1.18(c))	. 63	Minus	- 1/2	•	x s=	1		× .	755	Í
	Independent (37 CFR 1.16(b))		Minus		= _		 	OR			
Į			<u> </u>		1	X \$=		OR	X \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+3= 70741		OR	+\$			
19 13 105						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
HC		(Catumn 1)	т	(Column 2) HIGHEST	(Column 3)			1			
NT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total (37 CFR 1.18(c))	· / /	Minus	PAID FOR	=		FEE			FEE 7	
Q.	Independent	•	Minus	V		X \$=	 //	OR	X \$=	/	
ME	(37 CFR 1.18(b))		L		9	X \$=	k /	OR	X \$==		
	FIRST PRESENT	ATION OF MULTIPL	E CEPENDI	NT CLAIM (37 CF	R 1.16(d))	+5=		OR	+ \$=	Y	
					ADD'L FEE		-OR	ADD'L FEE			
		(Column 1)		(Column 2)	(Column 3)						
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ME	Total	*	Minus	PAIDFOR	-		FEE			FEE	
ENDMENT	(37 CFR 1.16(c)) Independent	•	Minus	***	=	X \$=		OR	X \$=		
AME	(37 CFR 1.16(b))					x \$=		OR	x \$=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+ \$=		
						ADD'L FEE		OR .	TOTAL ADD'L FEE		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

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The "Highest Number Previously Pain For" (1 Hris SPACE is less than 3, enter 3.

The "Highest Number Previously Pain For" (10 Hris SPACE is less than 3, enter 3.

This collection of Information is required by 37 CFR 1.18. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.